Express Mail Label No. (if applicable)	

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/720,582
Confirmation No.	5049
Filing Date	November 24, 2003
First Named Inventor	Kutsovsky et al.
Group Art Unit	1793
Examiner Name	Paula Wartalowicz
Attorney Docket No.	02019CON
LVM Reference No.	225308

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	1. Submission required under 37 CFR 1.114										
			Previously su								
l		i.							ısly filed	on February 4, 2	2008
I					endment(s) refer			•			
I		ii. 		r the arg	juments in tr	ie Appeal t	Briet or K	eply Brief prev	iously file	ed on	
I		iii.	Other:								
1			Enclosed	ant/Da	alı,		is a	□ Form DT(2 4 4 4 0		
l		I. ii.		-	aration(s)		IV. V.	☐ Form PTC		ces listed in For	DTO 1440
I		11.	Amaavid	SIDECI	aration(s)		٧.			s and applications)	M F I U-1443
l	iii.										
2.	Mis	_	aneous								
	a.		· · · · · · ·					•		37 CFR 1.103(c) for a period
				•	•			onths; fee under 3	7 CFR 1.17	'(i) required.)	
	b.		Applicant cla	ims sma	all entity stati	us. See 37	' CFR 1.2	27			
	C.		Other:								
					•		•	CFR 1.114 wh			
:	a.		-					otal amount ind			
ı							-	rpose, unless su		ia EFS-Web.)	2040.00
					, -	• • •		37 CFR 1.17(•		\$810.00
ii. X Two-month extension of time fee of \$460.00 (37 CFR 1.136 and 1.17)						\$460.00					
iii. An extension for has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total amount of extension now											
			ু ৩.৩৩ is requeste		30 HOH WE C	Olai iee uu	e ioi tiie i	lotar amount o	I EXICHSI	on now	
		iv.			xtension of ti	me (includi	ina the pe	eriod noted abo	ove if ch	ecked) as	
		1 .				•		nder the prese		* 1	
Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. Suspension of action fee of \$130.00 (37 CFR 1.17(i))							\$ 0.00				
vi. Other:											
		vii.	Claim fe	e							
			CLAIMS		HIGHEST						
			REMAINING		NUMBER	EXTRA		ADD'L		ADD'L	
CLAII	мF	EE	AFTER AMENDMENT		PREVIOUSLY PAID FOR	CLAIMS PRESENT	RATE	CLAIM FEE	RATE	CLAIM FEE	
TOTA		<u></u>	30	Minus	30	= 0	x 25 =	\$0.00	x 50 =	\$0.00	
INDE		DENT		Minus	3	= 0	x 105 =	\$0.00	x 210 =	\$0.00	
FIRST PRESENTATION OF MULTIPLE CLAIM + 185 = + 370 =											
Total amount to be charged to Deposit Account						\$1,270.00					
b. 🗵 The Commissioner is hereby authorized to charge any deficiencies in the above fees or to											
credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this											
communication is enclosed for that purpose, unless submitted via EFS-Web.)											

In re Application of Kutsovsky et al. Application No. 10/720,582

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED							
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763				
Signature	John Kellah.	Date	May 5, 2008				
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)				